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PTO/SB/05 (11-00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 3376/1 US First Inventor Kenton Fedde, et al. USE OF AN ALDOSTERONE RECEPTOR ANTAGONIST
TMPROVE COCNITIVE FUNCTION Title

EL585895031US (Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, D.C. 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or Computer (Submit an original, and a duplicate for fee processing) Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission 2. See 37 CFR 1.27. (if applicable, all necessary) Computer Readable Form (CRF) Specification [Total Pages 144 (preferred arrangement set forth below) Specification Sequence Listing on: - Descriptive title of the invention CD-ROM or CD-R (2 copies); or - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D ii. 🔲 paper - Reference to sequence listing, a table, or a computer program listing appendix Statements verifying identity of above copies C. - Background of the Invention - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description 9. Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement 10. Power of Attorney - Abstract of the Disclosure (when there is an assignee) English Translation Document (if applicable) V 33 Drawing(s) (35 U.S.C. 113) [Total Sheets Information Disclosure Copies of IDS 12. Statement (IDS)/PTO-1449 Citations 5. Oath or Declaration [Total Pages 13. Preliminary Amendment Newly executed (original or copy) a. Return Receipt Postcard (MPEP 503) 14. (Should be specifically itemized) Copy from a prior application (37 CFR 1.63(d)) Certified Copy of Priority Document(s) (for continuation/divisional with Box 18 completed) 15. (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Request and Certification under 35 U.S.C. 122 i. 16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). UNEXECUTED DECLARATION 17. | 🗸 Other: Application Data Sheet. See 37 CFR 1.76 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, 18 or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) of prior application No.: Continuation Divisional Prior application information: Group / Art Unit Examiner For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Correspondence address below (Insert Customer No. or Attach bar code label here) Scott A. Williams Name Pharmacia Corporation Corporate Patent Department Address 800 N. Lindbergh Blvd., Mail Zone O4E State Missouri Zip Code 63167 City St. Louis Telephone 314-694-4474 314-694-7256 Country US

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Registration No. (Attorney/Agent)

39,876 8/28/01

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Signature



TOTAL AMOUNT OF PAYMENT

3376/1 US

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\$1,088.00

FEE TRANSMITTAL	Complete if Known					
for FY 2001	Application Number	TBA				
	Filing Date	8/28/01				
	First Named Inventor	Kenton Fedde, et al.				
Patent fees are subject to annual revision.	Examiner Name	ТВА				
	Croup Art Unit	TDA				

Attorney Docket No.

METHOD OF PAYMENT	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:			IONA Small		ES			
Deposit Account 19-1025	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee	Description	on	Fee Paid
Number 19-1023	105	130	205		Surcharge - late	e filing fee o	гoath	
Deposit Account Name Pharmacia Corporation	127	50	227	25	Surcharge - late sheet	e provisiona	l filing fee or cover	
Charac Any Additional Can Promised	139	130	139	130	Non - English s	pecification		
Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For filing a requ	iest for ex p	arte reexamination	
Applicant claims small entity status. See 37 CFR § 1.27	112	920*	112	920*	action		SIR prior to Examiner	
2. Payment Enclosed:	113	1,840*	113	1,840*	Requesting pub action	lication of S	IR after Examiner	
Check Credit card Money Other	115	110	215	55	Extension for re	ply within fi	rst month	
FEE CALCULATION	116	390	216	195	Extension for re	ply within s	econd month	
1. BASIC FILING FEE	117	890	217	445	Extension for re	ply within th	ird month	
Large Entity Small Entity	118	1,390	218	695	Extension for re	ply within fo	ourth month	
Fee Fee Fee Fee Description	128	1,890	228	945	Extension for re	ply within fit	Rh month	
	119	310	219	155	Notice of Appea	al		
, , ,	120	310	220	155	Filing a brief in	support of a	ın appeal	
106 320 206 160 Design filing fee 107 490 207 245 Plant filing fee	121	270	221	135	Request for ora	l hearing		
108 710 208 355 Reissue filing fee	138	1,510	138	1,510	Petition to instit	ute a public	use proceeding	
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive	e - unavoida	ible	
SUBTOTAL (1) \$710.00	141	1,240	241	620	Petition to revive	e - unintenti	onal	
30B101AE(1) 3710.00	1	1,240	242	620	Utility issue fee	(or reissue)	1	
2. EXTRA CLAIM FEES	143	440	243	220	Design issue fe	e		
Fee from Extra Claims below Fee Paid	144	600	244	300	Plant issue fee			
Total Claims 41 -20** = 21 X 18.00 = 378.00	122	130	122	130	Petitions to the	Commissio	ner	
Independent 2 - 3** = 0 X 80.00 = 0.00	123	50	123	50	Processing fee under 37 CFR § 1.17(q)			
Multiple Dependent =	126	180	126		Submission of Information Disclosure			
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40			gnment per property	
103 18 203 9 Claims in excess of 20	146	710	246	355	(times number of		=	
102 80 202 40 Independent claims in excess of 3	140	710	270		(37 ČFR § 1.1)	29(a))	•	
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	For each addition (37 CFR § 1.1)		on to be examined	
109 80 209 40 ** Reissue independent claims	179	710	279	355	Request for Cor		mination (RCE)	
over original patent	169	900	169	900	Request for exp		nination	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Othe	er fee (specify)	of a design appl	lication		
SUBTOTAL (2) \$378.00								
or number previously paid, if greater, For Reissues, see above	*Red	luced b	y Basic	Filing	Fee Paid	SUBTO	TAL (3)	
SUBMITTED BY	Complete (if applicable)							
Name (Print/Type) Scott A. Williams		Registra Attorney	ation No //Agent)	D.	39,876	Telephone	314-694-4	474
Signature Signature)					Date	8/28/01	

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